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## BIB DATA SHEET

CONFIRMATION NO. 6181

<b>SERIAL NUMBER</b> 10/532,180	<b>FILING or 371(c) DATE</b> 11/14/2005 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> TRAUMA 3.3-437	
<b>APPLICANTS</b> Roland Keibel, Selzach, SWITZERLAND; Christoph Rusch, Biel, SWITZERLAND; Urs Bronimann, Biel, SWITZERLAND; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CH03/00718 11/03/2003 <b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 02405938.8 11/04/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/03/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /KEVIN THAO Acknowledged TRUONG/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK 600 SOUTH AVENUE WEST WESTFIELD, NJ 07090 UNITED STATES					
<b>TITLE</b> Orthopaedic ratcheting forceps					
<b>FILING FEE RECEIVED</b> 1082	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		